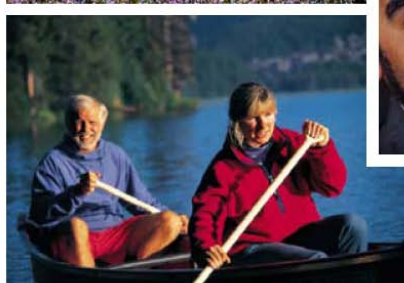
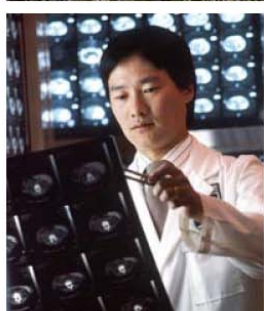


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Washington State

# Comprehensive Cancer Control Plan

## *Executive Summary*



2004-2008

Comprehensive Cancer Control

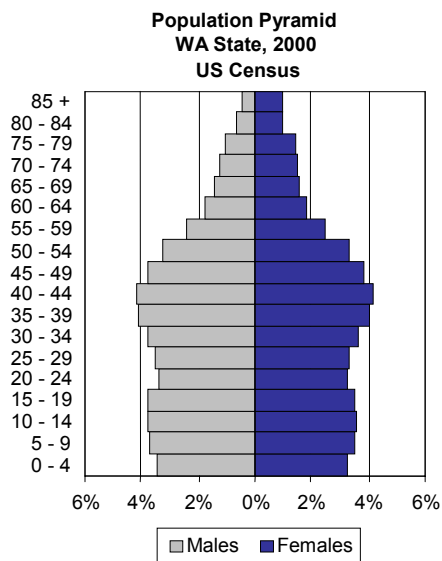


**PARTNERSHIP**  
*Working together to reduce cancer  
incidence, morbidity and mortality  
in Washington State.*

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# Executive Summary

Although progress has been made in Washington to reduce the burden of cancer, much still remains to be done. Declining birth and death rates mean that Washington's population, like that of the rest of the US, is aging. Overall cancer incidence and mortality increase with age. The population pyramid on the right shows the age distribution in Washington in 2000. The median age is now about 35 years compared to about 31 years in 1990. As the population of Washington ages, the burden of cancer will increase.



Cancer, however, is not an inevitable result of aging. Although some of the risk factors for cancer, such as aging and heredity, cannot be controlled, others can. According to the Harvard Center for Cancer Prevention, over half of all cancer deaths may be attributed to behavior-related factors such as tobacco use, diet, obesity, and sedentary lifestyle.

Public health efforts to change risk behaviors have had a measure of success. For example, smoking rates have been declining in the US since the 1960s when over 40% of the adult population smoked. Today, in Washington, about 22% of adults are current smokers. Despite reductions in smoking, lung cancer remains the leading cause of cancer death in Washington. Smoking causes about 85% of these deaths. Between 1980 and 1992, lung cancer mortality rates in Washington increased approximately 1.3% per year. However, from 1992 to 2001 this trend reversed, with mortality rates declining 0.9% per year. Continued progress in overall cancer prevention and control will depend not only on gaining new knowledge through research, but more extensively applying current knowledge to reduce known risk factors and promote effective preventive, therapeutic, and palliative care services.

## The Burden of Cancer in Washington

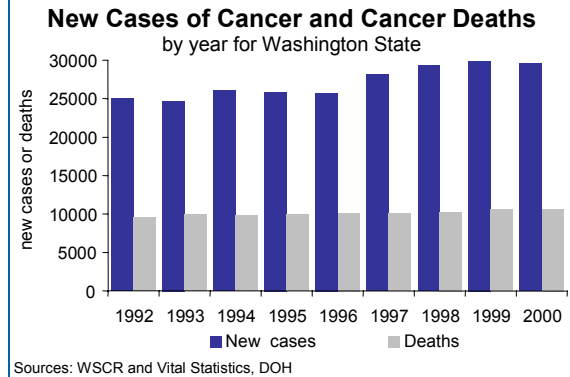
The various forms of cancer were responsible for 10,656 deaths among Washington residents in 2000 – approximately 25% of all deaths statewide. Cancer has consistently been the leading cause of death among adults ages 45 to 74, and the second leading cause of death overall.

The number of newly diagnosed cases of cancer is on the rise. In 2000, 29,578 new cases of cancer were diagnosed in Washington residents, a 14% increase over the cases diagnosed in 1995. Based on national data, the Washington State Department of Health estimates that some form of cancer will strike one in three Washingtonians in their lifetime.

In 2000, female breast cancer was the most common cancer with 5,344 new cases diagnosed. Prostate was second with 4,235 new cases, followed by lung and bronchus (3,668), colorectal (2,911) and melanoma of the skin (2,211). These cancers comprise 62% of all new cases.

The five leading causes of cancer mortality in 2000 were lung and bronchus with 3,100 deaths, followed by colorectal (991), female breast (747), pancreatic (591), and prostate (574). Taken together, these five cancers comprise 56% of all cancer deaths.

While the number of new cancer cases and cancer deaths are increasing, the age-adjusted incidence rates for all cancers combined have remained essentially constant. Moreover, with the exception of lung cancer in women, the trends in the age-adjusted mortality rates for the five leading cancers have declined between 1980 and 2001.



## Comprehensive Cancer Control

Many efforts are currently underway in Washington to address the challenges cancer presents. These challenges include discovering new approaches to prevent, detect, and treat cancer; implementing effective preventive interventions and screening programs; and providing high-quality cancer care to a diverse population in a changing environment. Despite current efforts statewide, gaps in services still exist and disparities in the cancer burden remain. No single organization or agency in Washington can meet these challenges alone. A collaborative approach among key stakeholders may provide an opportunity to further reduce the burden of cancer.

The Washington Comprehensive Cancer Control Partnership (Partnership) is a statewide group of cancer care providers, researchers, public health professionals, advocates, survivors, and others interested in cancer prevention and control. The Partnership is funded by the Washington State Department of Health through a cooperative agreement with the federal Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program. The purpose of the grant funding is to support a new approach to reducing the statewide burden of cancer: *comprehensive cancer control*.

Comprehensive cancer control is defined as an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through

prevention, early detection, treatment, rehabilitation, and palliation. The important components of this definition are a focus on working together to achieve important health outcomes and the recognition of a continuum of cancer care (i.e., primary prevention through survivorship or end-of-life).

Comprehensive cancer control is an effort to improve outcomes by:

- ▶ Bringing many partners together.
- ▶ Using available data and research results.
- ▶ Implementing evidence-based solutions.
- ▶ Using limited resources more efficiently and effectively.

## **Reducing the Cancer Burden in Washington**

The burden of cancer can be reduced by implementing effective interventions to decrease preventable cancers, detecting cancer early, and ensuring access to quality cancer care services from diagnosis through survivorship or end-of-life. Taking a collaborative approach toward comprehensive cancer control begins with the development of a plan.

The purpose of the *Washington State Comprehensive Cancer Control Plan* is to:

- ▶ Provide a framework and guide for coordinated and integrated statewide efforts to reduce the burden of cancer.
- ▶ Highlight important cancer issues for future prioritization.
- ▶ Set goals and objectives for improvement.
- ▶ Propose evidence-based or theory-based strategies to achieve goals and objectives.
- ▶ Draw interested organizations and individuals together to work collaboratively toward shared goals.

## **Plan Goals for Cancer Prevention and Control in Washington**

The goals in the plan focus on important cancer issues in Washington across the cancer continuum. The goals are based on an assessment of state surveillance data and statistics, review of results from cancer research, and recommendations from local cancer experts and cancer care providers. The plan is organized into three major content areas: primary prevention, secondary prevention, and medical care.

The goals of the *Washington State Comprehensive Cancer Control Plan* are to:

### Primary Prevention

1. Reduce the impact of **tobacco use and exposure** on cancer incidence and mortality in Washington.
2. Reduce the impact of **alcohol consumption** on cancer incidence and mortality in Washington.
3. Reduce the impact of **poor diet** on cancer incidence and mortality in Washington.
4. Reduce the impact of **physical inactivity** on cancer incidence and mortality in Washington.
5. Reduce the impact of **obesity** on cancer incidence and mortality in Washington.
6. Slow the increase in the incidence of malignant **melanoma** in Washington.
7. Reduce the impact of **infectious agents** on cancer incidence and mortality in Washington.
8. Reduce the impact of **environmental carcinogens** on cancer incidence and mortality in Washington State.
9. Increase the early identification of individuals at risk for developing cancer due to **genetic susceptibility or inherited predisposition**.

### Secondary Prevention

10. Reduce mortality from **breast cancer** in Washington women.
11. Reduce mortality from invasive **cervical cancer** among Washington women.
12. Reduce mortality from **colorectal cancer** in Washington.
13. Improve informed decision-making between men and their providers regarding **prostate cancer** screening.

### Medical Care

14. Improve **access to cancer care** in Washington.
15. Improve the **quality of cancer care** provided in Washington.
16. Ensure the provision of adequate **psychosocial services** starting from diagnosis throughout the continuum of care.
17. Ensure the provision of adequate **palliative care**.

18. Ensure the provision of adequate **end-of-life care** that enables patient autonomy.
19. Ensure the opportunity for safe and effective use of **complementary medicine** in cancer care.
20. Improve the **informed consent** process for cancer patients in Washington.

## Plan Implementation and Evaluation

The cancer issues reflected by the goals of the plan are priorities that should be addressed in Washington; however, the plan does not rank goals in terms of overall importance. Since the scope of the plan is broad and resources are limited, the goals within the plan must be further prioritized before strategies are implemented.

Priority goals will be selected from the plan by the Partnership through a systematic process using specific criteria (e.g. the size of the burden, the strength of evidence suggesting an effective solution exists, the likelihood that interventions will lead to significant improvements, the presence of major gaps in current efforts, the existence of important disparities, and the feasibility of intervention). The resulting priorities will set the direction for the initial implementation efforts of the Partnership. In addition, partners and other stakeholders can use the plan to select priorities consistent with their missions.

The goals, objectives, and strategies within the plan represent outputs from an intensive planning process. In order for the goals of the plan to be achieved, the strategies must be implemented. Effective implementation of these diverse strategies will require an ongoing, coordinated, and collaborative effort by the Partnership. Coordinating existing resources and generating new resources to implement strategies will be a key function for the Partnership.

The purpose of developing and implementing the plan is ultimately to reduce cancer incidence, morbidity, and mortality and to improve quality of life. In order to determine if the purpose is being achieved, effectiveness of the plan must be evaluated. Evaluation of the Partnership and plan will be important for determining the value of comprehensive cancer control in Washington.